

42 CFR DIAGNOSTIC, SCREENING, PREVENTIVE, AND REHABILITATIVE SERVICES
440.130

LIMITATIONS

Diagnostic and Rehabilitative Mental Health Services

Diagnostic and rehabilitative mental health services for EPSDT eligibles are limited to medically necessary services designed to promote the client's mental health, reduce the client's mental disability, and restore the client to the highest possible level of functioning.

1. Diagnostic services include mental health evaluation, psychiatric evaluation, and psychological testing. Rehabilitative services include individual and group therapy, individual and group behavior management, medication management, skills development services, and skills development programs.

Skills development services means rehabilitative services provided to an individual or group of individuals that are designed to (1) assist individuals to develop competence in basic living skills in areas including, but not limited to, food planning, shopping, food preparation, money management, mobility, grooming, personal hygiene and maintenance of the living environment, and ensure appropriate compliance with the medication regimen; (2) assist individuals to develop community awareness; and (3) assist individuals to develop appropriate social and interpersonal skills and behaviors. Skills development services may also include supportive counseling directed toward eliminating psycho-social barriers that impede the individual's ability to function successfully in the community.

Skills development program means a licensed 24-hour comprehensive residential program, group home, or family-based foster care program that is operated by or under contract with the Department of Human Services (DHS) to provide an array of diagnostic and rehabilitative services as specified in the contract between DHS and the program, and up to 24-hour supervision in a structured setting for children who are experiencing social, emotional, or behavioral problems.

TN No. 98-010
Supersedes
TN No. 93-029

Approval Date 12/01/98

Effective Date 12/01/98

42 CFR DIAGNOSTIC, SCREENING, PREVENTIVE, AND REHABILITATIVE SERVICES
440.130 (continued)

LIMITATIONS (continued)

Diagnostic and Rehabilitative Mental Health Services

2. Diagnostic and rehabilitative mental health services are covered benefits when provided: (1) by or under the supervision of a licensed practitioner of the healing arts employed by or under contract with DHS; or (2) by a licensed 24-hour comprehensive residential program, group home or family-based program that is operated by or under contract with DHS.
3. Services are recommended by a licensed practitioner of the healing arts and delivered according to a plan of care.
4. Services are provided by or under the supervision of a licensed practitioner of the healing arts, including a licensed physician, licensed psychologist, licensed social worker, licensed registered nurse with training or experience in psychiatric nursing, licensed marriage and family therapist, licensed professional counselor, or licensed social service worker practicing within the scope of their license in accordance with Title 58 of the Utah Code Annotated 1953, as amended.

TN No. 98-010
Supersedes
TN No. 93-029

Approval Date 12/01/98

Effective Date 12/01/98

42 CFR SERVICES PROVIDED BY LICENSED PRACTITIONERS - PSYCHOLOGISTS
440.60

LIMITATIONS

Services provided by licensed independent psychologists are limited to psychological evaluation, testing, and individual and group therapy for Medicaid eligibles who are eligible for EPSDT services.

TN No. 94-027
Supersedes
TN No. N.E.W. Approval Date 03/03/95 Effective Date 01/01/95

42 CFR
440.20
440.40

FAMILY PLANNING SERVICES AND SUPPLIES

DEFINITION

Family planning services means diagnostic, treatment, drugs, supplies, devices, and related counseling in family planning methods to prevent or delay pregnancy. Family planning services are provided by or under the supervision of a physician for individuals of childbearing age, including minors who are sexually active.

LIMITATIONS

The following services are excluded from coverage as family planning services:

1. Experimental or unproven medical procedures, practices, or medication.
2. Surgical procedures for the reversal of previous elective sterilization, both male and female.
3. In-vitro fertilization.
4. Artificial insemination.
5. Surrogate motherhood, including all services, tests, and related charges.
6. Abortion services, except as covered under ATTACHMENT 3.1-A, (Attachment #5a).
7. Except for item 6 above, the Agency may exceed the limitations on existing covered services to the extent allowed by law, if its medical staff determines:
 - a. that the proposed services are medically appropriate; and
 - b. that the proposed services are more cost effective than alternative services.

TN No. 98-CC3
Supersedes
TN No. 95-010

Approval Date 08/23/99

Effective Date 01/01/98

42 CFR
440.50

PHYSICIAN SERVICES

LIMITATIONS

1. Physician's services must be personally rendered by a physician licensed under state law to practice medicine or osteopathy, or rendered incident to a physician's professional service by a physician in training, a nurse practitioner, or a physician assistant under the physician's personal supervision.

"Personal Supervision" means:

The critical observation and guidance of medical services by a physician of a nonphysician's activities within that nonphysician's licensed scope of practice.

The acceptable standard for supervision is availability by telephone, when the physician has a written protocol embodying supervisory procedures. The personal supervision requirement must be met with respect to every nonphysician service provided in the course of treatment prescribed by any physician for any Medicaid client. Medical charts must have signed documentation sufficient to reflect active participation of the physician in managing, providing, and supervising all aspects of patient care and treatment.

2. Psychiatric services are specialty medical services, and when provided in a private physician's office, shall be provided by the private physician. Charting and documentation must reflect the physician's direct provision of care.

Nonphysician counseling services are not a benefit of the Medicaid program except as authorized by policy for approved programs providing psychiatric care and treatment for individuals under 21 years of age.

3. Psychiatric services are specialty medical services, and when provided in a group practice or private clinic setting, must be provided, documented, and billed by the providing physician.

Charting and documentation must clearly show that all services were personally provided by a physician.

4. Abortion services, except as covered under ATTACHMENT 3.1-A, (Attachment #5a).

TN No. 98-003
Supersedes
TN No. 95-010

Approval Date 05/23/99

Effective Date 01/01/98

LIMITATIONS
(Cont.)

5. Admission to a general hospital for psychiatric care by a physician is limited to those cases determined by established criteria and utilization review standards to be of a severity and intensity that appropriate service cannot be provided in any alternative setting.
6. Inpatient hospital care for treatment of alcoholism and/or drug dependency will be limited to acute care for detoxification only.
7. Service not actually furnished to a client because the client failed to keep a scheduled appointment will not be covered by Medicaid.
8. Procedures determined to be cosmetic, experimental, or of unproven medical value are noncovered services.
9. Organ transplant services will be limited to those procedures for which selection criteria have been approved and documented in ATTACHMENT 3.1-E.
10. Selected medical and surgical procedures are limited to designated place of service. An approved list will be maintained in the Medicaid Physician Provider Manual.
11. Cognitive services: the diagnostic/treatment process including, but not limited to, office visit, hospital visits, and related services, are limited to one service each day per provider.
12. The Agency may exceed the limitations on existing covered services to the extent allowed by law, if its medical staff determines:
 - a. that the proposed services are medically appropriate; and
 - b. that the proposed services are more cost effective than alternative services.

TN No. 98-003
Supersedes
TN No. 89-23

Approval Date 08/23/99

Effective Date 01/01/98

42 CFR
440.50

ABORTION SERVICES

DEFINITION

Abortion means all procedures performed for the purpose of terminating a pregnancy. Abortion does not include removal of a dead unborn child.

LIMITATIONS

Abortions are limited to:

1. those where the pregnancy is the result of rape or incest; or
2. a case with medical certification of necessity where a woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed.

TN No. 98-004
Supersedes
TN No. 95-010 Approval Date 04/02/98 Effective Date 01/01/98

42 CFR
440.100

MEDICAL OR SURGICAL SERVICES FURNISHED BY DENTISTS

LIMITATIONS

1. A list of approved procedure codes for dentists and oral maxillofacial surgeons will be maintained in the Medicaid Dental Provider Manual. Certain medical and surgical procedures not reimbursable to physicians shall neither be reimbursable to dentists or oral maxillofacial surgeons.
2. Only dentists having a permit from the Division of Occupational and Professional Licensing may administer general anesthesia. The dentist administering the anesthesia may not also render the procedure.
3. The Agency may exceed the limitations on existing covered services to the extent allowed by law, if its medical staff determines:
 - a. that the proposed services are medically appropriate; and
 - b. that the proposed services are more cost effective than alternative services.

TN No. 98-003
Supersedes
TN No. 91-22

Approval Date 08/23/99

Effective Date 01/01/98

LIMITATIONS

The following services are excluded from coverage:

1. Examination, treatment, and/or surgical procedures, which are not limited to the area of the human foot. (Utah Code Annotated Vol.III 58-5-1 through 58-5-15).
2. Routine foot care as described in 42 CFR 405.310(1) and noted in Podiatry Manual, Scope of Service.
3. Treatment of subluxation or Pes Planus as defined in 42 CFR 405.310(1) and noted in Podiatry Manual, Scope of Service.
4. Cutting or trimming nails, corns, warts, callouses for any patient who does not have arteriosclerosis, or Buerger's Disease, or diabetes.
5. Massages of the foot or adjoining structures.
6. Physical therapy services or procedures performed by a podiatrist.
7. Procedures performed in behalf of any patient which are not determined to be medically necessary and appropriate as determined by audit or post payment review.
8. General anesthesia administered by a podiatrist.
9. Amputation of the foot by a podiatrist.
10. Prosthetic devices except as defined in ATTACHMENT 3.1-A and 3.1-B, Attachment #12c of the Utah State Plan for Medicaid.
11. Orthotics, arch supports, foot pads, metatarsal head appliances, foot supports, "cookies", or other personal comfort items and services.
12. CPT-4 procedure codes except those describing service appropriate for podiatrists and listed in the Physician Manual, Podiatry Scope of Service and Index Section 7 and Appendix A.
13. J Codes (injection procedures) except those describing services appropriate for podiatrists and listed in the Physician Manual, Podiatry Scope of Services and Index Section 7 and Appendix A.
14. Laboratory procedures except those specified in the Physician Manual, Podiatry Scope of Service as appropriate for podiatrists to perform and for which the required equipment is available in the podiatrist's private office.
15. The Agency may exceed the limitations on existing covered services to the extent allowed by law, if its medical staff determines:
 - a. that the proposed services are medically appropriate; and
 - b. that the proposed services are more cost effective than alternative services.

TN No. 98-003
Supersedes
TN No. 89-23

Approval Date 08/23/99

Effective Date 01/01/98

42 CFR
441.30

OPTOMETRIST SERVICES

LIMITATIONS

The following services are excluded from coverage as Medicaid benefits:

1. Vision training;
2. Pathology services, as specified in the optometry license;
3. Separate charges for fitting, measurement of facial characteristics, writing the prescription or order, and final adjustments or office calls, when providing eyeglasses or contact lenses.
4. The Agency may exceed the limitations on existing covered services to the extent allowed by law, if its medical staff determines:
 - a. that the proposed services are medically appropriate; and
 - b. that the proposed services are more cost effective than alternative services.

TN No. 98-003
Supersedes
TN No. 89-23

Approval Date 08/23/99

Effective Date 01/01/98